

		Application Number	10/027,003
		Filing Date	12/20/2001
		First Named Inventor	Barry S. Bostik
		Group Art Unit	2645
		Examiner Name	Foster, Roland G.
		Total Number of Pages in this Submission	4

Enclosures (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input checked="" type="checkbox"/> Additional enclosure(s) (please identify below)
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Issue Fee Transmittal (2 copies)</div> <div style="border: 1px solid black; padding: 5px;">Change of Correspondence Address</div>		
Remarks Response to Notice of Allowance and Fee Due mailed 11/03/04		

CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label Customer Number - 26652 or Correspondence address below

NAME	Samuel H. Dworetzky		
ADDRESS	AT&T CORP., One AT&T Way, Room 2A-207		
CITY	Middletown	STATE	New Jersey
COUNTRY	United States of America		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Robert T. Canavan	Reg. #	37592
TELEPHONE	908-707-1568		
SIGNATURE		DATE	01/04/2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 01/04/2005

Type or Printed Name	Robert T. Canavan		
Signature		Date	01/04/2005

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450